

DEPARTMENT OF BENEFIT PAYMENTS



July 18, 1974

ALL-COUNTY LETTER NO. 74-134

TO: COUNTY WELFARE DIRECTORS
SPECIAL INVESTIGATIVE UNITS

SUBJECT: ADULT AID FRAUD

REFERENCE: ALL-COUNTY LETTER NO. 74-80

There have been numerous inquiries as to the procedures to be followed in accordance with my May 7, 1974 All-County Letter #74-80 regarding fraud referrals for investigation on adult cases after January 1, 1974.

In those instances where information is received alleging suspected fraud after January 1, 1974, allegations shall be processed through the Operations Security Office, 744 P Street, Sacramento, CA 95814. Full and complete information as to the allegation and the name of the worker submitting same shall be set forth in duplicate on the attached form. The Operations Security Office will coordinate with the Social Security Administration's Program Integrity Office on the investigation. Statistics will be reported on these cases from OSO in the Monthly Fraud Statistical Report published by the Department of Benefit Payments, PA-4. Cases where violations occurred prior to January 1, 1974, remain the province of the county jurisdiction and should be prosecuted by the county.

Jack Emlet, Assistant Operations Security Officer, is assigned the Adult Program Investigations and is available at (916) 322-2296 for assistance.

Forms may be obtained from the Forms Control Unit, State Department of Benefit Payments, 744 P Street, Sacramento, Ca 95814.

Sincerely,

JAMES M. MOOSE, JR.
Deputy Director - Legal Affairs

cc: CWDA

Attachment

OBsoleteSuperseded by ACL #77-15Issued 3-17-77

OSO FILE

SSI-SSP FRAUD COMPLAINT

TO: Operations Security Office

IMPORTANT INSTRUCTIONS: Be as brief and specific as possible with identification of dates, persons, vehicles, addresses, amounts of money, etc. This is very important in following up your complaint.

The following information has been developed which requires investigation:

NAME OF RECIPIENT (LAST, FIRST, MIDDLE)

ADDRESS OF RECIPIENT (STREET, CITY, ZIP)

TELEPHONE NUMBER
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IDENTIFICATION

COUNTY

COUNTY CASE NUMBER (VERY IMPORTANT IF KNOWN)

SOCIAL SECURITY NUMBER

DETAILS OF COMPLAINT

TYPE OR PRINT (be specific)

TYPE OR PRINT (be specific)

Use back of page if more space needed.

NAME OF WORKER

ADDRESS (STREET, CITY, ZIP)

TELEPHONE NUMBER
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